

Action Plan for State

PRIORITY ONE: Create an Environment for Change						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 - <i>Changing the paradigm</i>	Action 1.1.1 Division of Mental Health, Division of Alcohol Drug Abuse, and the Human Services Center will develop a strategic plan to address Co-Occurring Disorders in a single, comprehensive department model.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Cory Nelson	Strategic plan	DMH, DADA, HSC will hold planning meeting	08/01/04
					Develop draft plan	01/01/05
	Action 1.1.2 Research the feasibility of combining the CD and MH Advisory Councils.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Jim Hagel, Marla Bull Bear	Combined councils	Research feasibility with in state law and at federal level	08/01/04
					Draft statutory and by-laws changes	10/01/04
					Seek SAMHSA approval	09/01/04
					Change effective	07/01/05
	Action 1.1.3 Define what “No Wrong Door” means for co-occurring disorders in South Dakota and then establish it as the standard of care for South Dakotans seeking services at all entry points.	Betty Oldenkamp/ Brooke Templeton	Terry Dosch	Providers will adopt “No Wrong Door”	Define concept of “No Wrong Door”	08/01/04
					Identify agencies/entities affected	08/01/04
					Communicate “No Wrong Door” message to agencies and consumers	01/01/05 and on-going

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Strategy 1.2 - <i>Building the political will</i>	Action 1.2.1 Seek input from consumers, family members, advocacy groups, tribal representation, providers and policy makers to participate in the strategic plan for comprehensive service delivery.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Cory Nelson	Plan reflects stakeholder input	ID stakeholders at initial planning meeting Solicit input on plan	08/01/04 01/01/05
	Action 1.2.2 Utilize the key stakeholders to educate and gain support of other interested parties.	Betty Oldenkamp/ Brooke Templeton	Strategic Planning Team	Plan has wide-spread support	Stakeholders educate respective constituent groups Stakeholders provide feedback to planning team	01/01/05 01/01/05
Strategy 1.3 - <i>Communicating the moral imperative</i>	Action 1.3.1 Convince the Governor and Legislators that this issue is a moral imperative. “Have you ever wondered?” or the “Ever Wonder?” campaign.	Deb Bowman/ Betty Oldenkamp	Betty Oldenkamp	Governor’s approval to move forward Increase understanding of co-occurring disorders	Meet with Governor (done 5/17/04) Meet with Health and Human Services Committee	06/01/04 02/01/05
	Action 1.3.2 Develop professional campaign for moral imperative. “Have you ever wondered?” or the “Ever Wonder?” campaign	Betty Oldenkamp/ Brooke Templeton	Policy Academy Team	Increase understanding of co-occurring disorders	Define target of campaign Refine message Develop “package”	08/01/04 11/01/04 01/01/05

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Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
Met with Governor Follow-up meeting to complete action plan	Many competing priorities	Planning meeting Request technical assistance from Christina Dye (Arizona)

¹ The Manager is the individual responsible for coordinating each action.

² The Implementer is the individual (or entity) responsible for carrying-out each action.

PRIORITY TWO: Build a Comprehensive System (COD)						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 - <i>Creating a competent workforce</i>	Action 2.1.1	Betty Oldenkamp/ Brooke Templeton	Terry Dosch	Existing staff are cross-trained	Identify existing training models	10/01/04
	Develop training plan to support a competent workforce including case managers and para-professionals.				Adopt training model	03/01/05
					Joint training of MH/CD professionals	09/01/05
	Action 2.1.2	Establish an infrastructure for preparation of providers.	Betty Oldenkamp/ Brooke Templeton	Terry Dosch	Professionals leaving the higher education system will be ready to work with people with co-occurring disorders.	Identify core competencies necessary to provide co-occurring services
	Develop Certification/Licensure standards for co-occurring disorders					07/01/07
					Development of COD curriculum for MH/CD professionals for both state and tribal universities	09/01/07

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Strategy 2.2 - <i>Developing a continuum of integrated care</i>	Action 2.2.1 Endorse models of individualized services for people with co-occurring disorders.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	A responsive, comprehensive system of prevention and treatment	Identify components of integrated individualized models of treatment	10/01/04
					Identify the community-based services required including case management, peer support and family involvement	10/01/04
					Develop missing service components	07/01/05
					Demonstrate models	07/01/06
					Evaluate demonstrations	10/01/06 and ongoing
	Action 2.2.2 Implement prevention models for people with co-occurring disorders.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	A responsive, comprehensive system of prevention and treatment services	ID target populations	10/01/04
					ID prevention models with demonstrated effectiveness for target populations	07/01/05
					Demonstrate models	07/01/06
					Evaluate demonstrations	10/01/06 and on-going

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Strategy 2.3 - <i>Establishing a core assessment process</i>	Action 2.3.1 Implement a uniform multi-dimensional screening and assessment tool.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Randy Allen, Marla Bull Bear	People with co-occurring disorders are appropriately identified	Adopt an integrated screening process for all entry points to services	07/01/06
					Distribute tool and train providers	01/01/07
					Adopt an assessment tool(s)	07/01/06
					Distribute tool and train providers	01/01/07
					Promote use through incentives, reimbursement and/or accreditation	01/01/07
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	
CO-SIG application Work on provider readiness assessment		Barriers will be identified upon completion of provider readiness assessment			Summer intern to conduct research on training models, prevention, and treatment models	

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PRIORITY THREE: <u>Ensure Quality Outcomes</u>						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 - <i>Designing a system of accountability</i>	Action 3.1.1 Establish and operationalize principles of care.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Cory Nelson	Services will be guided by the principles of care and outcomes	Research and establish principles of care Adopt/implement measurable outcomes for individuals Adopt/implement measurable outcomes for the system(s) Ensure MIS supports COD outcome measures with on-going evaluation	10/01/04 07/01/05 07/01/05 07/01/05
	Action 3.1.2 Align regulatory policy with new practices.	Betty Oldenkamp/ Brooke Templeton	Kim Malsam-Rysdon/ Gib Sudbeck	Regulatory barriers to co-occurring services will be removed	Modify service contracts/agreements for demonstrations Monitor allocation, expenditures and performance Modify service agreements Revise ARSD/SDCL	07/01/05 07/01/05 and on-going 07/01/06 07/01/07

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Strategy 3.2 - <i>Funding a system of integrated care</i>	Action 3.2.1 Align funding policies and levels of funding to support an integrated system of care.	Betty Oldenkamp/ Brooke Templeton	Dan Lusk, Kim Malsam-Rysdon, Gib Sudbeck, Terry Dosch, Cory Nelson	Full funding alignment with co-occurring services	Review existing fund sources	10/01/04
					Identify funding for integrated COD services	10/01/04
					Realignment of existing funds	07/01/05
					Develop reimbursement policy linked to outcomes, modeled rates, billing codes and claims process.	07/01/05
					Identify and garner new fund sources, i.e. Medicaid	07/01/06
					Develop framework for incentives	07/01/07
Progress to Date		Barriers and/or Situational Changes			Immediate Next Steps (including potential technical assistance needs)	
CO-SIG application		Perceived ownership of funding Resistance to expansion of Medicaid services/eligibility Current block grant requirements			Summer intern to research principles of care	